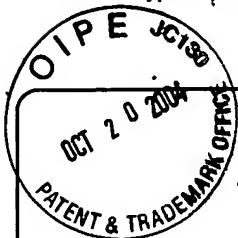


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<b>Application Number</b>	10/668,126		
	<b>Filing Date</b>	9/22/03	
	<b>First Named Inventor</b>	WHITHAM, Kent	
	<b>Art Unit</b>	3643	
	<b>Examiner Name</b>	SWIATEK, Robert P.	
<b>Total Number of Pages in This Submission</b>	8	<b>Attorney Docket Number</b>	83166

### ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits / declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing - related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interference's<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input type="checkbox"/> Other Enclosure(s) (Please identify below) |
| <b>Remarks</b>   |   |  |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual Name</b>	Laura R. Foster	45,860
<b>Signature</b>		
<b>Date</b>	15 Oct 2004	

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